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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/044,899
		Filing Date	January 9, 2002
		First Named Inventor	ABBOTT, Nicholas L.
		Group Art Unit	1639
		Examiner Name	Tran, My Chau T.
Total Number of Pages in This Submission		Attorney Docket Number	061818-5002-US04

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below)</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s), _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 50-0310.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm and Individual name	Morgan, Lewis & Bockius LLP Todd Esker Reg No. 46,690	
Signature	/Todd Esker/	
Date	August 8, 2006	

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	Kathryn A. Deglantoni	
Signature	/Kathryn A. Deglantoni/	
	Date	August 8, 2006

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

CONFIRMATION NO. 3817

TOTAL AMOUNT OF PAYMENT (\$ 510)

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number 50-0310

Deposit Account Name Morgan, Lewis & Bockius LLP

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee
 to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1011 300	2011 150			Utility filing fee	
1002 350	2002 175			Design filing fee	
1003 550	2003 275			Plant filing fee	
1004 790	2004 395			Reissue filing fee	
1005 160	2005 80			Provisional filing fee	
500	250			Utility Search Fee	
200	100			Utility Examination Fee	
SUBTOTAL (1)		(\$)			

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims below	Fee from below	Fee Paid
			-20 =	150	
			-3 =	200	
			X		

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description
1202 50	2202 25			Claims in excess of 20
1201 200	2201 100			Independent claims in excess of 3
1203 360	2203 180			Multiple dependent claim, if not paid
1204 88	2204 44			** Reissue independent claims over original patent
1205 18	2205 9			** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$)		

*or number previously paid, if greater. For Reissues, see above

Complete if Known

Application Number	10/044,899
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First Named Inventor	Abbott, Nicholas L.
Examiner Name	Tran, My Chau T.
Art Unit	1639
Attorney Docket No.	061818-5002-US04

FEE CALCULATION (continued)

3. ADDITIONAL FEES	Fee Description	Fee Paid
Fee Code (\$)	Fee Description	
1051 130	Surcharge - late filing fee or oath	
1052 50	Surcharge - late provisional filing fee or cover sheet	
1053 130	Non-English specification	
1812 2,520	For filing a request for reexamination	
1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	Requesting publication of SIR after Examiner action	
1251 120	Extension for reply within first month	
1252 450	Extension for reply within second month	
1253 1,020	Extension for reply within third month	510
1254 1,590	Extension for reply within fourth month	
1255 2,160	Extension for reply within fifth month	
1401 500	Notice of Appeal	
1402 500	Filing a brief in support of an appeal	
1403 1,000	Request for oral hearing	
1451 1,510	Petition to institute a public use proceeding	
1452 500	Petition to revive – unavoidable	
1453 1,500	Petition to revive – unintentional	
1501 1,400	Utility issue fee (or reissue)	
1502 800	Design issue fee	
1503 1,100	Plant issue fee	
1460 130	Petitions to the Commissioner	
1807 50	Petitions related to provisional applications	
1806 180	Submission of Information Disclosure Stmt	
6021 40	Recording each patent assignment per property (times number of properties)	
1809 790	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810 790	For each additional invention to be examined (37 CFR § 1.129(b))	
1801 790	Request for Continued Examination (RCE)	
1802 900	Request for expedited examination of a design application	
1061 250	Utility Application Size Fee – for each additional 50 sheets that exceeds 100 sheets	
Other fee (specify)		

*Reduced by Basic Filing Fee Paid **SUBTOTAL (3)** (\$510)

SUBMITTED BY

Complete if applicable

Name (Print/Type)	Todd Esker	Registration No. (Attorney/Agent)	46,690	Telephone	(415) 442-1000
Signature	/Todd Esker/			Date	August 8, 2006